PTC/SB/06 (12-04)
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Union the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 10/66/, 79 793 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) RATE (\$) NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) FEE (\$) FOR BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), ()), or (m)) **EXAMINATION FEE** (37 CFR 1.16(o), (D), or (q)) TOTAL CLAIMS OR (37 CFR 1.16(1)) INDEPENDENT GLAIMS ¥ minus 3 = (37 CFR 1.18(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(a)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(I)) TOTAL TOTAL the difference in column 1 is less than zero, enter "0" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) 05 SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) RATE (\$) ADDI-TIONAL AFTER AMENDMENT PREVIOUSLY EXTRA TIONAL PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.15(7)) Minus OR ENDM Independent (37 CFR 1,1604)) Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS PRESENT RATE (\$) REMAINING NUMBER ADDI. RATE (\$) ADDI-14/02 PREVIOUSLY EXTRA TIONAL TIONAL **AFTER** FEE (\$) PAID FOR FEE (\$) AMENDMENT Minus Total (37 CFR 1.18()) OR Independent (37 CFR 1.1864) Minus X OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)). OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USP/IC) to process) an application. Confidentiality, is governed by 35-U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			14					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			f minus 20=		• 0			X\$ 9=		OR	X\$18=	Ĺ	
INDEPENDENT CLAIMS			φ minus 3 =					X42=		OR	X84=	84	
MU	LTIPLE DEPEN	IDENT CLAIM PI	ESENT					+140=		OR	+280=	I	
* If	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2	L	TOTAL		OR	TOTAL	884	
CLAIMS AS AMENDED - PART II											OTHER THAN		
_		(Column 1)		(Colur		(Column 3)	_	SMALL I	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**	<u>-</u>	=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CLAIM			X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	Atk		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	· OL ALLA	=		X42=		OR	X84=		
L.,	FINST PRESE	NIATION OF MI	JUIPLE DEP	ENDENI	CLAIM			+140=		OR	+280=		
								TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE		
			DDI1. FEE			ADDII. FEEL							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
نـــ	FIRST PRESE	 -	110			.000							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** OPIN THE TOTAL OR ADDITION OF TOTAL OR ADDITION OR ADDITION OF TOTAL OR ADDITION OR AD											+280=		
***	""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2." ADDIT. FEE												